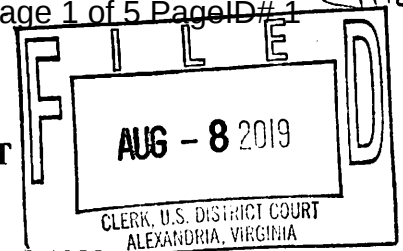


Ellis



IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF VIRGINIA

COMPLAINT UNDER CIVIL RIGHTS ACT 42 U.S.C. § 1983

Action Number

(To be supplied by the Clerk, U.S. District Court)

1:19cv1033

Please fill out this complaint form completely. The Court needs the information requested in order to assure that your complaint is processed as quickly as possible and that all your claims are addressed. Please print/write legibly or type.

I. PARTIES

A. Plaintiff:

1. (a) JAMES EDWARD ANDREWS III (b) 00043912  
(Name) (Inmate number)
- (c) P.O. 7609  
(Address)
- PORTSMOUTH VIRGINIA 23707

**Plaintiff MUST keep the Clerk of Court notified of any change of address due to transfer or release. If plaintiff fails to keep the Clerk informed of such changes, this action may be dismissed.**

**Plaintiff is advised that only persons acting under the color of state law are proper defendants under Section 1983. The Commonwealth of Virginia is immune under the Eleventh Amendment. Private parties such as attorneys and other inmates may not be sued under Section 1983. In addition, liability under Section 1983 requires personal action by the defendant that caused you harm. Normally, the Director of the Department of Corrections, wardens, and sheriffs are not liable under Section 1983 when a claim against them rests solely on the fact that they supervise persons who may have violated your rights. In addition, prisons, jails, and departments within an institution are not persons under Section 1983.**

B. Defendant(s):

1. (a) WELLPATH CORPORATION (b) JAIL MEDICAL PROVIDER CORPORATION  
(Name) 201 CRAWFORD STREET (Title/Job Description)
- (c) 704 CRAWFORD STREET  
(Address)
- PORTSMOUTH, VIRGINIA 23704

2. (a) DOCTOR MERENO (b) MEDICAL  
 (Name) (Title/Job Description)
- (c) 2690 ELMHURST LANE  
 (Address)
- PORTSMOUTH, VIRGINIA 23701
3. (a) NURSE TOWNSEND (b) HEAD L.P.N.  
 (Name) (Title/Job Description)
- (c) 2690 ELMHURST LANE  
 (Address)
- PORTSMOUTH, VIRGINIA 23701

If there are additional defendants, please list them on a separate sheet of paper. Provide all identifying information for each defendant named.

**Plaintiff MUST provide a physical address for defendant(s) in order for the Court to serve the complaint. If plaintiff does not provide a physical address for a defendant, that person may be dismissed as a party to this action.**

## II. PREVIOUS LAWSUITS

- A. Have you ever begun other lawsuits in any state or federal court relating to your imprisonment? Yes [ ] No ☒
- B. If your answer to "A" is Yes: You must describe any lawsuit, whether currently pending or closed, in the space below. If there is more than one lawsuit, you must describe each lawsuit on another sheet of paper, using the same outline, and attach hereto.

### 1. Parties to previous lawsuit:

Plaintiff(s) N/A

Defendant(s) N/A

### 2. Court (if federal court, name the district; if state court, name the county):

N/A

3. Date lawsuit filed: N/A

4. Docket number: N/A

## AFFIDAVIT OF FACTS REBUTING PLAINTIFFS CLAIM

### IV. STATEMENT OF THE CLAIM

State here the facts of your case. Describe how each defendant is involved and how you were harmed by their action. Also include the dates, places of events, and constitutional amendments you allege were violated.

If you intend to allege several related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.

21 HEALTHCARE REQUESTS CCS / 4 GRIEVANCE FORMS HRRJ

7 PAGES PROGRESS NOTE W/ WARDELL CRTH PAETKS PC.

STATEMENT OF FACTS / HEALTHCARE REQUESTS

AFFIDAVIT OF FACTS REBUTING PLAINTIFFS CLAIM

## V. RELIEF

I understand that in a Section 1983 action the Court cannot change my sentence, release me from custody or restore good time. I understand I should file a petition for a writ of habeas corpus if I desire this type of relief. J.E.A. III (please initial)

The plaintiff wants the Court to: (check those remedies you seek)

- ☒ Award money damages in the amount of \$ 290 Million
- ☒ Grant injunctive relief by \_\_\_\_\_
- ☒ Other \_\_\_\_\_

## VI. PLACES OF INCARCERATION

Please list the institutions at which you were incarcerated during the last six months. If you were transferred during this period, list the date(s) of transfer. Provide an address for each institution.

Hampton City Jail 135 High Court Lane 23669

Hampton Roads Regional Jail 2690 Elm Hurst Lane Portsmouth Virginia 23709

## VII. CONSENT

CONSENT TO TRIAL BY A MAGISTRATE JUDGE: The parties are advised of their right, pursuant to 28 U.S.C. § 636(c), to have a U.S. Magistrate Judge preside over a trial, with appeal to the U.S. Court of Appeals for the Fourth Circuit.

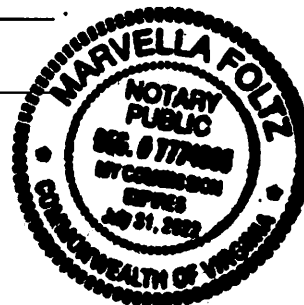
Do you consent to proceed before a U.S. Magistrate Judge: Yes [ ] No ☒. You may consent at any time; however, an early consent is encouraged.

## VIII. SIGNATURE

If there is more than one plaintiff, each plaintiff must sign for himself or herself.

Signed this 26 day of JULY, 2019.

Plaintiff James Edward Andrews III



M Foltz

